

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90245 018 ***158.75

DOCUMENT # P95000077255

1. Entity Name

CHIRO-MEDICAL ASSOCIATES OF HOLLYWOOD, INC.



Principal Place of Business

3911 HOLLYWOOD BLVD
201
HOLLYWOOD FL 33021
US

Mailing Address

1900 GLADES ROAD
300W
BOCA RATON FL 33431

2. Principal Place of Business

3. Mailing Address

2295 NW Corporate Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#140

City & State

City & State

Boca Raton, FL

Zip

Country

Zip

Country

33431

USA



MOORE

CR2E034 (11/03)

4. FEI Number

65-0616445

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRUDEN, JAMES
370 W CAMINO GARDENS BLVD
#201
BOCA RATON FL 33432

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P. BROWN, GARY
1900 NW CORPORATE BLVD #300
BOCA RATON FL 33431

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2295 NW Corporate Blvd #140
Boca Raton, FL 33431

☒ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #